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Attorney Docket No. <u>1380-0191PDS</u>2.

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	METHOD AND DEVICE FOR NETWORK RECONFIGURATION								
Fill in Appropriate	the specification of w forth above and/or t		ereto. If not attached her	eto, the application is identified by t	he attorney docket	number as se			
Information -		n was filed on	26 March	2004		as			
For Use Without	United States Application Number 1()/8()9.3/6								
Specification	and amended of	n^		(if applicable) and/or					
Attached:	the specification	and amended on (if applicable) and/other specification was filed on as PC							
_	International Application Number; and was								
	amended on (if applicable)								
Insert Priority Information: (if appropriate)	amended by any amendment referred to above. I acknowledge the duty to disclose information wh Regulations, §1.56. I do not know and do not believe the same was ever a thereof, or patented or described in any printed publicative year prior to this application, that the same was not in prior to this application, that the invention has not been prior date of this application in any country foreign to the representative or assigns more than twelve months (six not patent or inventor's certificate on this invention has been application by me or my legal representatives or assigns, expressions.			5, United States Code, §119(a)-(d) of any foreign application(s) for patened below any foreign application for patent or inventor's certificate having					
	(Ivailiber)	(Country)		(Mondif Day) Teal Theu)					
	(Number)	(Country)		(Month/Day/Year Filed)	Yes	No			
	(Number)	(Country)		(Month/Day/Year Filed)	Yes	No			
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.								
It Brassiaianal	60/457308			March 26, 2003					
Insert Provisional Application(s): (if any)	(Application Number)			(Filing Date)					
	(Application Number) (Filing Date)								
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:								
	Country		Application Number	Date of Filing (Mo	onth/Day/Year)				
Insert Requested Information: (if appropriate)									
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.								
Insert Prior U.S. Application(s): (if any)	(Application Number	r)	(Filing Date)	(Status - patented	, pending, abandor	ned)			
Page 1 of (Rev. 07/2003)	(Application Number	r)	(Filing Date)	(Status - patented	, pending, abandor	ned)			

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 02292

P.O. Box 747 • Falls Church, Virginia 22040-0747

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ill Name of First or Sole Inventor:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
all Name of First or Sole Inventor: sert Name of Inventor → sert Date This Document is Signed	Olav Lysne	(/////jym		12/3 2004				
sert Residence	Residence (City, State & Country)	0	CITIZENSHI	P				
sert Citizenship →	Bekkestua, Norway		Norwegian					
sert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country) Ørneveien 28, N-1357 Bekkestua, Norway							
ill Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	José Duato	Sur		-26-3-2004				
	Residence (City, State & Country)	•	CITIZENSHI	P				
	La Eliana, Spain		Spanish					
	MAILING ADDRESS (Complete Street Address including City, State & Country) El Campes, 7, ES-46183 La Eliana, Spain							
ill Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	2	DATE*				
	Timothy Pinkston	Innothing Mile	ilston	5-4-2004				
	Residence (City, State & Country)	V	CITIZENSHI	P				
	Santa Monica, CA 90405, USA		us					
	MAILING ADDRESS (Complete Street Address including City, State & Country) 110 Ocean Park Boulevard # 215, Santa Monica, CA 90405, USA							
all Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHIP					
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
ull Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
dl Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
	Residence (City, State & Country)		CITIZENSHI	P				
	MAILING ADDRESS (Complete Street Address including City, State & Country)							

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*DATE OF SIGNATURE